



OUR MISSION STATEMENT

The Kentucky Board of Respiratory Care is a Government Agency that regulates respiratory care practitioners and their services. The KBRC was established in 1990 to protect the citizens of the Commonwealth of Kentucky from unsafe practitioners and practices.

KBRC NEWSLETTER 2008 Fall/Winter Edition

Board Information

**B.T. Westerfield, M.D.,
F.C.C.P.**

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Board Administrative Assistant



The 2009 Respiratory Renewal is upon us — Our question: Are you ready to renew your licensure?

The renewal window will open on November 1, 2008 and remain open until midnight EST, on 01/30/2009. KY licensed respiratory therapists who expire on 01/30/2009 will be given two options in which to renew their licensure.

1. Commencing on November 1, 2008 therapists who want to renew online can find the license renewal link on the front page of our website, click and follow the renewal instructions through to the credit card payment page. Credit card payments will have a \$5 charge added, for Active renewal total of \$80; Inactive is \$30.

2. Therapists who want to send in a renewal form as they have in the past, will find a link on the front page of the website to print out a renewal form which must be filled out completely and sent to us along with their check or money order payment.

NOTE: The KBRC will run a random computerized audit system. If you are selected, by random audit, you will not be allowed to renew online. You will receive a green renewal form with AUDIT across the page. You will be required to send copies of your CEU certificates to be overviewed. Be aware the CEU audit procedure takes more time to review so get your renewal to us quickly and promptly, to avoid loss of work.

Follow these simple rules on maintaining your licensure.

- 1.** Know your expiration date.
- 2.** Know your license number.
- 3.** Have your CEUs ready to list or mail copies to us.

The KBRC Office can be reached at the numbers listed below.

Board Office:

(859) 246-2747, Fax:

(859) 246-2750 or online

at: <http://kbrc.ky.gov>



Be Aware If You Do Not Renew And Attempt To Work Without A License

Lapsed Licensure—No Licensure

At the February 2007 meeting the Board discussed guidelines for legal counsel to take actions against individuals who have worked without proper license. The Board charged legal counsel and staff to issue Agreed Orders to those individuals found to have worked illegally, with suspensions of up to two (2 weeks) and fines up to \$750 (\$50 per day). Any other lapse for therapist fined over \$750 and suspended more than two (2) weeks; would need approval by the Board at its next scheduled meeting before a license could be reissued or reinstated, to work again.

The Joint Commission Tackles Bad Behavior

July 10, 2008 article from the AARC Official website

AARC is making members aware of a new Joint Commission Sentinel Alert on bad behavior in health care organizations and how it can damage the culture of safety necessary to ensure patients receive the best possible care.

According to the Alert, there is a history of tolerance and indifference to intimidating and disruptive behaviors among physicians and other health care professionals in many organizations. The Joint Commission cites the high pressure, high fatigue work environment of health care as one reason for this tolerance, but says the practice is no longer acceptable in today's health care environment.

"Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment," notes the Alert. "To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team."

The Joint Commission specifically notes these behaviors can foster medical errors, contribute to poor patient satisfaction, lead to preventable adverse outcomes, increase the costs of care, and cause qualified health care workers to seek employment elsewhere. (continued next page)

To help remedy the situation, the Commission is issuing a new Leadership standard for all accredited organizations. The standard, which will go into effect on January 1, 2009, calls for all organizations to:

Have a code of conduct that defines acceptable and disruptive and inappropriate behaviors.

Create and implement a process for managing disruptive and inappropriate behaviors.

The Joint Commission has developed 11 action items for organizations to address as they work to eliminate disruptive and inappropriate behaviors from their facilities, including a “zero tolerance” policy for intimidating and/or disruptive behaviors; more training for all health care professionals, including physicians; and surveillance and reporting systems aimed at uncovering incidents of bad behavior in facilities.

“Most health care workers do their jobs with care, compassion, and professionalism,” said Commission President Mark R. Chassin, MD, MPP, MPH, in a press release on the Sentinel Alert and new standard. “But sometimes professionalism breaks down and caregivers engage in behaviors that threaten patient safety. It is important for organizations to take a stand by clearly identifying such behaviors and refusing to tolerate them.”

(For more details on this article visit the AARC website at http://www.aarc.org/headlines/08/07/sentinel_alert.cfm)

Congratulations To The Chairman & Vice Chairman Of The KBRC



Congratulations to Dr. Byron T. Westerfield elected Chairman of the KBRC for a third consecutive term during the August 14, 2008 Board meeting. Dr. Westerfield has served as Chairman since 2005.



Congratulations to Tamara G. McDaniel, RRT elected Vice-Chairman of the KBRC during the August 14, 2008 Board meeting. Ms. McDaniel has served as a Board member since 2005.

Want to live a long life? Run

By Maggie Fox, Health and Science Editor



WASHINGTON (Reuters) - People who want to live a long and healthy life might want to take up running. A study published on Monday shows middle-aged members of a runner's club were half as likely to die over a 20-year period as people who did not run.

Running reduced the risk not only of heart disease, but of cancer and neurological diseases such as Alzheimer's, researchers at Stanford University in California found.

"At 19 years, 15 percent of runners had died compared with 34 percent of controls," Dr. Eliza Chakravarty and colleagues wrote in the Archives of Internal Medicine.

Any type of vigorous exercise will likely do the trick, said Stanford's Dr. James Fries, who worked on the study.

"Both common sense and background science support the idea that there is nothing magical about running per se," Fries said in a telephone interview. "It is the regular physical vigorous activity that is important."

The team surveyed 284 members of a nationwide running club and 156 similar, healthy people as controls. They all came from the university's faculty and staff and had similar social and economic backgrounds, and all were 50 or older.

Starting in 1984, each volunteer filled out an annual survey on exercise frequency, weight and disability for eight activities -- rising, dressing and grooming, hygiene, eating, walking, reach, hand grip and routine physical activities.

Most of the volunteers did some exercise, but runners exercised as much as 200 minutes a week, compared to 20 minutes for the non-runners.

At the beginning, the runners were leaner and less likely to smoke compared with the controls. And they exercised more over the whole study period in general.

"Over time, all groups decreased running activity, but the runners groups continued to accumulate more minutes per week of vigorous activity of all kinds," the researchers wrote.

"Members of the running groups had significantly lower mean disability levels at all time points," they added.

The team also set out to answer whether taking up running late in life would benefit, and whether people who stopped exercising began to pay a price as they aged.

Most of the runners have stopped running as they reached their 70s, Fries said. But it was difficult to find people who totally stopped exercising. "Almost all of them did something else. They continued their vigorous exercise," he said.

People who took up exercise when they were older also improved their health, he said.

The study also showed that people cannot use the risk of injury as an excuse not to run -- the runners had fewer injuries of all kinds, including to their knees.

(Editing by Will Dunham)

The 2008 NBRC National Licensure Meeting - Sept. 12-14



The NBRC hosted a fantastic meeting which allowed state representatives to learn, network and get vital questions answered. It also gave people a forum to express the differences in the way things are handled from state to state. Photo: (left) Former Vice-Chairman and current KBRC Board member Klaus O. Becker, RRT (center) Wade Delk, AMP's Director of Government Affairs (right) Dorcas O'Neal, Executive Director, Board of Respiratory Care in New Jersey.

****New CRT and RRT Content Outlines available!****

New detailed content outlines for both the CRT and RRT Examinations have been posted to the NBRC's website! The CRT content outline becomes effective July 10, 2009 and the RRT content outlines become effective January 1, 2010. Please see the CRT and RRT Examination web pages for details.

The 2008 KSRC State Meeting - Sept. 11-12

The KSRC held a very informative meeting in Lexington, KY. The meeting provided some exceptional speakers such as Vivian Watson, RN, CNOR from Soso, Mississippi. Photo: (left to right) Peggy Lacy Moore, Executive Director of the KBRC and Vivian Watson, RN, CNOR



Guidelines for Care of Elderly Patients With Respiratory Conditions Ignored

LONDON -- July 8, 2008 (article found on the www.docguide.com)

Guidelines for the treatment of older patients with respiratory conditions are routinely ignored and recommended treatments are given to only a small minority of eligible patients, according to research published in the open access journal BMC Health Services Research. Benjamin Craig, PhD, Moffitt Cancer Center, Tampa, Florida, led a team who investigated the treatment of nearly 30,000 patients across the United States. "Despite the proliferation of numerous guidelines for the management of adults with obstructive respiratory diseases, we found major disparities between the actual care given and that which is recommended," said Dr. Craig.



Chronic obstructive pulmonary disease (COPD) and asthma are leading causes of death in people aged over 45 years in the United States. Guidelines emphasize the importance of lung function tests, access to inhalers, influenza vaccination, and smoking cessation.

However, according to the study, "slightly less than 22% of older adults with asthma or COPD received bronchodilator inhalers," said Dr. Craig. "An even smaller minority received 1 or more lung function examinations during the year, and 18% were not vaccinated against influenza."

Of the patients, 16% were smokers and 53% were former smokers. The researchers found that current smokers were less likely to receive care than those who had never smoked or who had quit.

"The finding that smokers receive less care is both troubling and intriguing," said Dr. Craig. "... it might be that some of these patients withdraw from care to avoid uncomfortable encounters with physicians who urge smoking cessation. Alternatively, of course, some physicians may dismiss smokers because they have failed to change their behavior."

The researchers conclude that the needs of older adults with obstructive respiratory disease and possible nicotine addiction deserve special attention and that guidelines require further development and much wider implementation.

SOURCE: Biomed Central, Photograph is courtesy of the American Association for Respiratory Care.

Get to know your KBRC Board members



Jeff W. Knight, RRT, KBRC Board Member

Gov. Beshear appointed Jeff Knight to the KBRC on 01/25/2008 for a 3 year term expiring on 10/31/2010. Mr. Knight has worked in the field of Respiratory Care since 1984. He is a 1986 graduate of Jefferson Community College's Respiratory Program. He passed both his certification and registry as a Respiratory Therapist, and is Chairman of the Advisory Board for Jefferson Community College. He is a member of AARC, NBRC, and the Sleep Society of Kentucky. He is owner and CEO of Premier Home Care, Inc., a home medical equipment provider with six locations throughout Kentucky and one in Indiana.

Important Dates & Events in 2008

2008 Respiratory Care Week - October 19-25

AARC 54th International Respiratory Congress

Dec. 13-16, 2008

Location: Anaheim, California

CRT content outline becomes effective July 10, 2009

RRT content outlines become effective January 1, 2010

KSRC State Convention

Sept. 10-11, 2009

Location: Four Points Sheraton

1938 Stanton Way

Lexington, KY 40511

(See the upcoming KBRC Board meeting schedule for 2008 at the "About Us" page of our website.)

<http://kbrc.ky.gov>



If you did not get a chance to read the last issue of the KBRC Newsletter, You can still find it available at the KBRC website: <http://kbrc.ky.gov>

The KBRC website can help you find answers regarding your licensure, scope of practice, continuing education and verification questions. You may contact us at: (859) 246-2747 Fax: (859) 246-2750 with questions or inquiries.

The KBRC Newsletter is produced by Rick Rose and edited by Klaus O. Becker and Peggy Lacy Moore.

The KBRC Board is self-supporting and receives no general fund tax appropriation. It is funded through fees assessed for licensing its professionals.

If you want to file a complaint or address an issue of concern to the Board, submit a written statement with as much detail as possible including your name, names involved in the complaint or issue, phone numbers and summary of your complaint and mail to the KBRC office at the address below. Attention: Peggy Lacy Moore, Executive Director.

KENTUCKY BOARD OF RESPIRATORY CARE

2624 Research Park Dr., Suite 306

Lexington, KY 40511

Phone: (859) 246 - 2747

Fax: (859) 246 - 2750

Web Address: <http://kbrc.ky.gov>

